DEC 0 8 2004

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number : 10/053,571

Confirmation No. 3445

F-784

Applicant

: MAGUIRE

Filed

: January 24, 2002

Tech Center/AU

: 1771

Examiner

: Ruddock, Ula Corinna

Entitled

: NO-TWIST FABRICATED FILTRATION SCREEN

Aπomey Reference : 012138-0290479

Customer Number : 00909

### CERTIFICATION OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that the following papers are being transmitted by facsimile to Examiner Ula Corinna Ruddock at the U.S. Patent and Trademark Office at (703) 872-9306 on the date shown below:

- Amendment Transmittal
- Amendment

Respectfully submitted,

PILLSBURY WINTHROP LLP

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Date: December 8, 2004

TOTAL NUMBER OF PAGES IN FACSIMILE: 11

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Attorney's Docket 012138-0290479

Client Reference: 12NP

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:

Confirmation Number: 3445

MAGUIRE

Application No.: 10/053,571

Group Art Unit: 1771

Filed: January 24, 2002

Examiner: Ruddock, Ula Corinna

For: NO-TWIST FABRICATED FILTRATION SCREEN

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

#### **FEES**

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

	CLAIMS REMAINING HIGHEST NO. AFTER PREVIOUSLY AMENDMENT PAID FOR			PRESENT EXTRA		RATE			ADDIT. FEE		
TOTAL		_	28	=	0	x	\$_	9.00	=	\$	0.00
INDEP.	3		6	=	0	x	\$_	44.00		\$	0.00
	RESENTATION	OF N	<b>ULTIPLE</b>	DEP	CLAIM	+	\$	150.00		\$	0.00
TOTAL ADDITIONAL CLAIM FEE										\$	0.00
GRAND TOTAL										\$	0.00

MAGUIRE - - 10/053,571 Client-Matter: 012138-0290479

#### FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: December 8, 2004

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	CLAIMS REMAINING AFTER AMENDMENT	PREV.	HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE			ADDIT. FEE		
TOTAL	11	-	28	=	0	x	\$_	9.00	=_	\$	0.00	
INDEP.	3	<del></del>	6 _	=	0	x	\$	44.00	=	\$	0.00	
FIRST P	RESENTATION	OF MI	JLTIPLE	DEP	. CLAIM	+	\$	150.00	=	\$	0.00	
TOTAL ADDITIONAL CLAIM FEE GRAND TOTAL								AIM FEE		\$	0.00	
									\$	0.00		

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